Maryland
DEPARTMENT OF HEALTH

Supprelin LA (histrelin acetate)

Supprelin LA is a gonadotropin releasing hormone (GnRH) agonist indicated for the treatment of children with central precocious puberty (CPP).

- Supprelin LA will be considered for coverage when **ALL** of the criteria below are met, confirmed with supporting medical documentation.

I. Criteria for Initial Approval

- Patient must be at least two (2) years of age and younger than 13 years of age when treatment is initiated.
- Prescribed by, or in consultation with, a pediatric endocrinologist.
- Patient has a diagnosis of CPP (idiopathic or neurogenic), defined as onset of sexual maturation before age eight (8) in girls and age nine (9) in boys.
- The clinical diagnosis must be confirmed with **all** of the following;
    - Pubertal response to a GnRH stimulation test or a random luteinizing hormone (LH) level in the pubertal range (third generation basal LH assay).
    - Bone age advanced one (1) year or more beyond chronologic age.
    - Baseline laboratory, physical exam and imaging has been performed, including:
        - Height and weight.
        - Diagnostic imaging of the brain to rule out an intracranial tumor.
        - Pelvic/adrenal/testicular ultrasound to rule out a steroid-secreting tumor.
        - Adrenal steroid level to exclude congenital adrenal hyperplasia.
        - Beta human chorionic gonadotropin to rule out chorionic gonadotropin-secreting tumors.
- The patient has tried and failed (failure defined as the inability to suppress physical signs of puberty) depot leuprorelin acetate, unless contraindicated or intolerant to therapy.

- Females with reproductive potential will be counseled on the risks associated with pregnancy.

II. Criteria for Continuation of Therapy

All of the criteria for initial therapy **(in Section I.)** must be met; **AND**

- Provider must attest to a positive clinical response.
- LH levels have been suppressed to prepubertal levels.
- Consideration for discontinuation of therapy at age 11 for females and age 12 for males.

III. Dosing/Administration

Supprelin LA must be administered according to the current FDA labeling guidelines for dosage and timing.

- The recommended dose of SUPPRELIN LA is one implant every 12 months.

IV. Length of Authorization For initial therapy

Supprelin LA will be authorized for 12 months when criteria for initial approval are met. Continuing therapy with Supprelin LA will be authorized for 12 months.

V. Billing Code/Information

- HCPCS Code: J9226 - Histrelin implant (Supprelin LA), 50 mg. 1 billable unit = 1 implant.

Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.

Approved by MDH Clinical Criteria Committee: 10/29/2020
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